

Extensions of Time

I. PURPOSE

The Division's rules contain a number of time limits for providers. Because it is not always possible to meet these deadlines, the rules also contain provisions to permit the extension of time limits, at V.D.R.S.R. §§1.10(d) and 3.3(c).

Generally, requests for extensions of time must be filed at the Division on the prescribed form before the due date. Requests for extensions of time will not be received or granted by telephone. As a general rule, if a reason is given, initial requests for extensions of time will be liberally granted, as a matter of course, to the date requested by the provider. The Division does reserve the right to limit the extension to a reasonable period. **Providers should be warned, however, that subsequent requests for extensions of the same time limit will be regarded with disfavor and scrutinized very closely.**

Extensions of Time to File Cost Reports:

The request form for extensions of time to file cost reports must be filed at least 15 days before the report is due. Since the time for filing cost reports has been extended from 3 to 5 months after a facility's fiscal year end, the Division will no longer grant automatic extensions. Extensions will be granted for "good cause" only. (V.D.R.S.R. §3.3.) V.D.R.S.R. §3.3(c)(2) defines *a good cause* as one that supplies a substantial reason, one that affords a legal excuse for the delay or an intervening action beyond the provider's control. The following are not considered *good cause*: ignorance of the rule, inconvenience, or a cost report preparer engaged in other work.

II. INSTRUCTIONS

Request for Extension of Time Form 92-3.3F

This form should be used for all requests including extensions of time to file cost reports pursuant to V.D.R.S.R. §3.3(c). The Division is unable to grant extensions of time for appeals to the Vermont Supreme Court or Superior Court which are governed by statutory time limits and the civil and appellate rules of procedure.

Extensions of Time (cont.)

In completing the form the provider should clearly state the matter for which an extension of time is requested (for instance, "*Request for Reconsideration of Cost Report of Happy Hollow Nursing Home for the Year Ending 12/31/98*") and the action for which the time limit is imposed (for instance, "*file the Request for Reconsideration - Supporting Information by 12/29/99*").

The Division will complete the bottom section of the form, indicating the action taken and return a photocopy of the form to the provider's authorized representative.

Effective: December 21, 1998

s/Gary Bergeron for Veronica Celani
Veronica Celani
Director

Agency of Human Services
Division of Rate Setting
103 South Main Street
Waterbury, Vermont 05671-2201

Request for Extension of Time

IMPORTANT: In general this request must be filed (received) at the Division of Rate Setting prior to the due date for which the extension of time is requested, but for extensions of time to file cost reports, this form must be filed at least 15 days prior to the due date.

Provider's Name:	The provider is required to take the following action:
Matter (See instructions):	
	,by (due date) _____.
<p>Pursuant to V.D.R.S.R. §1.10(d) or §3.3 I hereby request an extension of time to (date) _____, for the following reasons. (The Division will grant extensions for good cause only.)</p> <p>You may use additional sheets, if necessary. Are additional sheets attached? G No. G Yes. If yes, how many? _____</p>	
<p>I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Name and Address of Representative:</p> <p>Telephone No.:</p>

For Division of Rate Setting use only.

<p>Request filed on : (date stamp)</p>	<p>G Extension granted to date requested by provider's representative. G Extension granted to date determined by the Division.</p> <p>New due date _____</p> <p>G Request denied for the following reason: _____ _____.</p> <p>Signed: _____ Date: _____</p> <p>cc: Provider's Representative on _____.</p>
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